
DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORMS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION. A-901 UNIT

BUSINESS CONCERN DISCLOSURE STATEMENT FOR LESSORS

Print or type all data, except where signature is required.

NAME AND MAILING ADDRESS OF LESSOR:

FORM OF BUSINESS:

Corporation _____

Subchapter S Corporation _____

Limited Liability Company _____

Sole Proprietorship _____

Partnership _____

Limited Partnership _____

Joint Venture _____

Other (describe) _____

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

Name: _____

Title: _____

Telephone: _____
(area code)

This Disclosure Statement is being filed in connection with lease of vehicles and or drivers to:

EXISTING REGISTRATIONS/PERMITS/I.D.s

NJDEP Registration No.(s) (if applicable) _____

Federal DOT No. (if applicable) _____

USEPA I.D. (if applicable) _____

FEID No. (if applicable) _____

NJBPU Certificate of Public Convenience
and Necessity (if applicable) _____

DO NOT COMPLETE UNTIL YOU READ THE INSTRUCTIONS AT END OF FORMS

TABLE OF CONTENTS

		Page
Part I	Lessor Identifying Data	4 of 61
Part II	Corporate Lessor Data	9 of 61
Part III	Partnership/Joint Venture Data	13 of 61
Part IV	Other Lessor Data	16 of 61
Part V	Equity Interests	18 of 61
Part VI	Experience and Credentials	21 of 61
Part VII	Employee Data	22 of 61
Part VIII	Licenses and Permits Held	26 of 61
Part IX	Civil Environmental Violations History	29 of 61
Part X	Antitrust & Judgements	34 of 61
Part XI	Civil Judgments and Pending Litigation	35 of 61
Part XII	Criminal Proceedings	37 of 61
Part XIII	Unions and Trade Associations	39 of 61
Part XIV	Ownership and Debt Liability of the Lessor	40 of 61
Part XV	Financial Institutions and Financial History	51 of 61
Part XVI	Identification of Respondent	54 of 61
Part XVII	Release Authorization	55 of 61
Part XVIII	Lessor Business Concern Disclosure Statement Certification	56 of 61
Part XIX	Summary of Principals	58 of 61
	Consent for Disclosure of Social Security Numbers	61 of 61
Appendix A	Instructions	1 of 61
Appendix B	Disqualifying Crimes	4 of 61
Appendix C	Rehabilitation Criteria	5 of 61

4. ATTORNEY AND ACCOUNTANT. State the name, address and telephone numbers of the lessor's attorney and accountant.

a. ATTORNEY

Name: _____

Address: _____

Telephone: _____

b. ACCOUNTANT

Name: _____

Address: _____

Telephone: _____

5. PAST ADDRESSES OF PRINCIPAL OFFICE. List all previous addresses of the lessor's principal office within the last 5 years.

<u>Address</u>	<u>From (year)</u>	<u>To (year)</u>
A) _____	_____	_____
_____	_____	_____
B) _____	_____	_____
_____	_____	_____

6. LESSOR'S FACILITIES IN NEW JERSEY. List all locations in the State of New Jersey at which the lessor is currently operating or proposes to operate any aspect of its solid waste or hazardous waste leasing business, including offices.

<u>Address</u>	<u>Telephone</u>
A) _____	_____
_____	_____
B) _____	_____
_____	_____

7. LESSOR'S FORMER FACILITIES IN NEW JERSEY. List all former locations, including offices, in the State of New Jersey at which the lessor within the last five years operated any aspect of a solid waste or hazardous waste leasing business, **and** any location at which such a business was owned or operated by any predecessor of the lessor, or by any owner, partner, director, officer, key employee or stockholder holding 25% or more of the lessor's equity.

<u>Address</u>	<u>Type of facility</u>	<u>From (years)</u>	<u>To</u>	<u>NJDEP regis. no. and/or USEPA I.D.</u>
A) _____ _____	_____	_____	_____	_____
B) _____ _____	_____	_____	_____	_____

8. LESSOR'S FACILITIES IN OTHER JURISDICTIONS. List all locations (including offices) in any state, district or territory of the United States other than New Jersey, or in any foreign country, at which the lessor is currently operating any aspect of its solid waste or hazardous waste leasing business. If more than 5, call the Division of Law, A-901 Unit at (609) 292-1618 or 1619.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>
A) _____ _____	_____	_____
B) _____ _____	_____	_____

9. LESSOR'S FORMER FACILITIES IN OTHER JURISDICTIONS. List all former locations in any state, district or territory of the United States, other than New Jersey, or in any foreign country, at which the lessor within the last five years operated any aspect of a solid waste or hazardous waste leasing business, **and** any location at which such a business was owned and/or operated by any predecessor of the lessor, or by any owner, partner, director, officer, key employee or stockholder holding 25% or more of the lessor's equity or debt liability.

<u>Address</u>	<u>Type of facility</u>	<u>From</u>	<u>To</u> <u>(years)</u>
A) _____ _____	_____	_____	_____
B) _____ _____	_____	_____	_____
C) _____ _____	_____	_____	_____

10. SOLID OR HAZARDOUS WASTE BUSINESS: State whether lessor has in the last 10 years, in New Jersey or elsewhere, operated a location at which solid or hazardous waste has been treated, stored, or disposed of; transfer stations; terminals or business offices of collector/haulers or transporter operations; sanitary landfills; incinerators; resource recovery facilities; dumps; etc. If yes, give full details.

PART II

CORPORATE LESSOR DATA

(Part II to be completed only by corporations and limited liability companies)

11. NAME OF CORPORATION/LIMITED LIABILITY COMPANY. State the complete name as it appears on the certificate of incorporation/formation and as filed with the Secretary of State. Give corporation number (if any) from the state of incorporation/formation, and supply a copy of the certificate of incorporation/formation and the last annual report filed with the State of New Jersey.

Name: _____

Certificate of
incorporation no.: _____

Copy of certificate of incorporation/formation attached? _____ Yes _____ No

Copy of last annual report attached? _____ Yes _____ No

11. REGISTERED AGENT. State the name, address and telephone number of the New Jersey Registered Agent for service of process.

Name: _____

Address: _____

Telephone with area code: _____

12. OFFICERS/LLC MANAGERS. List the following information as to each Officer/LLC Manager of the corporation/company. **Each individual listed below must also complete** and file with this disclosure statement a **Personal History Disclosure Form**. Each individual below must also be listed on the Certification of Summary of Principals(Pages 58, 59, & 60). Use additional copies of this page, as necessary. **If listing more than 4 Officers, contact the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, prior to submitting the Personal Histories.** Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office held	Date took office	Date of birth	Social security no.
_____	_____	_____	_____

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
_____	_____	_____	_____

13. DIRECTORS. List the following information as to each Director of the corporation. **Each individual listed below must also complete** and file with this Disclosure Statement a **Personal History Disclosure Form**. Each individual below must also be listed on the Summary of Principals (Pages 57,58 & 59). Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office <u>held</u>	Date took <u>office</u>	Date of <u>birth</u>	Social <u>security no.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____
 (area code)

Business address: _____

Office	Date took	Date of	Social
--------	-----------	---------	--------

held office birth security no.

Name: _____ **Telephone:** _____
(area code)

Business address: _____

Office Date took Date of Social
held office birth security no.

Name: _____ **Telephone:** _____
(area code)

Business address: _____

Office Date took Date of Social
held office birth security no.

14. FORMER OFFICERS AND DIRECTORS/LLC MANAGERS. List the following information as to each person who was an officer or director/LLC manager of the corporation/company at any time during the last 5 years and is not listed in the responses to questions 12 or 13. If listing more than 8 officers or managers, contact the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit. Use additional copies of this page, as necessary.

Name and last known address: _____

Position From To Date of birth
held (month/year)

Name and last known address: _____

Position held _____	From _____ To _____ (month/year)	_____ birth _____	Date of _____
------------------------	-------------------------------------	-------------------	------------------

Name and last known address: _____

Position held _____	From _____ To _____ (month/year)	_____ birth _____	Date of _____
------------------------	-------------------------------------	-------------------	------------------

Name and last known address: _____

Position held _____	From _____ To _____ (month/year)	_____ birth _____	Date of _____
------------------------	-------------------------------------	-------------------	------------------

PART III

PARTNERSHIP/JOINT VENTURE DATA

(Part III to be completed **only** by Partnerships or Joint Ventures)

15. Provide a copy of the partnership or joint venture agreement of lessor. If any business concern is listed below, a separate Business Concern Disclosure Statement (**not a Second-Level Statement**) describing that business concern must be completed and filed with this Disclosure Statement.

Copy attached? _____ Yes _____ No

16. PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this page, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners." **Each individual listed below must also complete** and file with this Disclosure Statement a **Personal History Disclosure Form**. Each individual listed below must also be listed on the Summary of Principals (page 57,58 & 59) Do not provide SS# for any individual who

has not signed the consent form for Disclosure of Social Security Number (Page 61).

a. Type of Association: _____ General Partnership
_____ Limited Partnership
_____ Joint Venture

b. General Partners or joint venturers

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

c. Limited Partners

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

Name: _____

Telephone: _____
(area code)Business address: _____

FEID no. or soc. sec. no.: _____ D.O.B. (if applicable) _____

17. FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners and joint venturers of the lessor during the past 5 years that are not listed in the response to the question above. Use additional copies of this page, as necessary.

Name and last known address: _____

Position: _____	Dates position held from/to (month/year): _____
-----------------	--

Date of birth: _____	FEID no. : _____
----------------------	------------------

Name and last known address: _____

Position: _____	Dates position held from/to (month/year): _____
-----------------	--

Date of birth: _____	FEID no. : _____
----------------------	------------------

Name and last known address: _____

Position: _____	Dates position held from/to (month/year): _____
-----------------	--

Date of birth: _____	FEID no. : _____
----------------------	------------------

Name and last known address: _____

Position: _____	Dates position held from/to (month/year): _____
-----------------	--

Date of birth: _____	FEID no. : _____
----------------------	------------------

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

PART IV

OTHER LESSOR DATA

(Complete Part IV only if the lessor is organized
in a form **other** than a corporation, LLC,
partnership or joint venture - such as a trust, association or estate.)

18. FORM OF THE LESSOR'S BUSINESS. Describe how the lessor is organized and under what legal authority it was established. Attach copies of all documents that describe the establishment of the lessor's business, e.g., a charter.

Type(sole proprietorship, trust; trade association; estate; etc.)

Copy attached? ____ Yes ____ No

19. OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the lessor. **Each individual listed below must also complete and file with this Disclosure Statement a Personal History Disclosure Form.** Each individual below must also be listed in the Summary of Principals (Pages 57,58 & 59). If any business concern is listed below, a Second-Level Business Concern Disclosure Statement describing that business concern must be completed and filed with this disclosure statement. Use additional copies of this page, as necessary. Do not provide SS# for any individual who has not signed the consent form for Disclosure of Social Security Number (Page 61).

Name: _____ Telephone: _____
(area code)

Business address: _____

Dates position held

Position: _____ from/to (month/year): _____

Date of birth: _____ FEID no. or soc. sec. no.: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. : _____

20. FORMER OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person/business who/which was an owner, officer, trustee or controlling party of the lessor at any time in the last 5 years and is not listed in the response to question 19. Use additional copies of this page, as necessary.

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. or soc. sec. no.: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. or soc. sec. no.: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____ FEID no. or soc. sec. no.: _____

PART V
EQUITY INTERESTS

21. SOLID WASTE OR HAZARDOUS WASTE INTERESTS. List the following information as to any business concern, in any state, territory or district of the United States, or in any foreign country, which collects, transfers, treats, stores, recycles, processes or disposes of solid waste or hazardous waste on a commercial basis, in which the lessor holds an equity interest of at least 25% or more, or has formerly held in the last 5 years an equity interest of 25% or more.

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Period equity held: From: _____ To: _____
(month/year)

Type of equity: _____ % of total equity: _____

22. OTHER EQUITY INTERESTS. List the following information as to any business concern in any state, territory or district of the United States, or in any foreign country, in which the lessor holds an equity interest of at least 25% or more, or has formerly held in the last 5 years an equity interest of 25% or more..

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

Name: _____ **Telephone:** _____
(area code)

Business address: _____

FEID no.: _____ Date equity obtained: _____

Type of equity: _____ % of total equity: _____

PART VI

EXPERIENCE AND CREDENTIALS

[illegible]

PART VII
EMPLOYEE DATA

25. KEY EMPLOYEES. List the following information as to all Key Employees of the lessor. "Key Employee" means any individual employed by a solid waste or hazardous waste lessor, permittee or licensee in a supervisory capacity with respect to the solid waste or hazardous waste operations of the business concern in **New Jersey** or empowered to make discretionary decisions with respect to those operations, but does not include employees exclusively engaged in the physical or mechanical collection, transportation, treatment, storage, transfer or disposal of solid waste or hazardous waste (N.J.A.C. 7:26-16.2). Use additional copies of this page, as necessary. **Each individual listed below must also complete with this disclosure statement a Personal History Disclosure Form.** Each Individual listed below must also be listed in the Summary of Principals (Page 57, 58 & 59). Do not provide SS# for any individuals who have not signed the Consent Form For Disclosure of SS# (Page 61).

Name: _____ **Telephone:** _____
Address: _____ (area code)

<u>Position</u>	<u>Date Took position</u>	<u>Date Of Birth</u>	<u>Social Security No.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____
Address: _____ (area code)

<u>Position</u>	<u>Date Took position</u>	<u>Date Of Birth</u>	<u>Social Security No.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____
Address: _____ (area code)

<u>Position</u>	<u>Date Took position</u>	<u>Date Of Birth</u>	<u>Social Security No.</u>
_____	_____	_____	_____

Name: _____ **Telephone:** _____
Address: _____ (area code)

Position Date Took position Date Of Birth Social Security No.

26. FORMER KEY EMPLOYEES. List the following information as to each person who was a Key Employee of the lessor at any time during the last 5 years **and is not listed in the response to question 25.**

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

Name and last known address: _____

Position: _____ Dates position held
from/to (month/year): _____

Date of birth: _____

27. OTHER EMPLOYEES. List the following information as to all employees (other than the Officers, Directors or Key Employees listed above). Include personnel employed on a part-time basis as well as personnel whose compensation is commission-based. **If more than 20 individuals, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, prior to completing this section.**

NOTE: Individuals listed in this section are not required to file Personal History Disclosure Statement Forms.

Name: _____ **Telephone:** _____
(area code)

address: _____

	Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>
_____	_____	_____

Name: _____ **Telephone:** _____
(area code)

address: _____

	Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>
_____	_____	_____

Name: _____ **Telephone:** _____
(area code)

address: _____

	Date	Date of
<u>Position</u>	<u>hired</u>	<u>birth</u>
_____	_____	_____

Name: _____ **Telephone:** _____
 address: _____

Position _____ hired _____ Date _____ birth _____ Date of _____

Name: _____ **Telephone:** _____
 address: _____

Position _____ hired _____ Date _____ birth _____ Date of _____

Name: _____ **Telephone:** _____
 address: _____

Position _____ hired _____ Date _____ birth _____ Date of _____

Name: _____ **Telephone:** _____
 address: _____

Position _____ hired _____ Date _____ birth _____ Date of _____

PART VIII**LICENSES AND PERMITS HELD****28. NJ DEP, US EPA, NJ DOT, AND US DOT:**

A) List all N.J. Department of Environmental Protection or U.S. Environmental Protection Agency solid/hazardous licenses, permits, registrations, temporary operating authorizations, recycling approvals, etc. held in the last 10 years by the lessor under any name.

B) List all NJ DOT, AND US DOT licenses, permits, registrations, etc. held in the last 10 years by the lessor under any name.

Use additional copies of this page, as necessary.

Name under which held: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ License, etc., No.: _____

Name under which held: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ License, etc., No.: _____

Name under which held: _____

Type of approval or permit
(indicate if temporary) _____

Facility location: _____

From/to (years): _____ License, etc., No.: _____

29. N.J.S.A. TITLE 48. List all licenses, Certificates of Public Convenience and Necessity, or Uniform Tariff approvals issued within the last 10 years, pursuant to N.J.S.A. Title 48, to the lessor, under any name, by the DEP, the former N.J. Board of Public Utilities (BPU) or the former N.J. Public Utilities Commission (PUC). Use additional copies of this page, as necessary.

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

Name under which held: _____

Type of approval: _____

From/to (years): _____ DEP/BPU/PUC I.D. no.: _____

30. OTHER APPROVED ACTIVITIES. List, and explain in detail, any solid waste, hazardous waste or recycling activity, in which the lessor has been authorized to engage, by a New Jersey judicial or administrative body, in the State of New Jersey, within the last 10 years. Attach additional copies of this page, as necessary.

31. OUT-OF-STATE SOLID WASTE OR HAZARDOUS WASTE LICENSES. List all licenses held by the lessor within the last 10 years, under any name for the collection, transfer, transportation, treatment, storage, recycling, processing or disposal of solid waste or hazardous waste, on a commercial basis, in any part of the United States outside of New Jersey, or in any foreign country. "License" includes registration, permit, or equivalent operating authorization. Attach additional copies of this page, as necessary.

Name under which held: _____
 Business address or
 facility location: _____
 Type of
 license: _____ Issuing agency: _____
 Dates held from/to (years): ____ ____ License no.: _____

Name under which held: _____
 Business address or
 facility location: _____
 Type of
 license: _____ Issuing agency: _____
 Dates held from/to (years): ____ ____ License no.: _____

Name under which held: _____
 Business address or
 facility location: _____
 Type of
 license: _____ Issuing agency: _____
 Dates held from/to (years): ____ ____ License no.: _____

Name under which held: _____
 Business address or
 facility location: _____
 Type of
 license: _____ Issuing agency: _____
 Dates held from/to (years): ____ ____ License no.: _____

PART IX

CIVIL VIOLATIONS HISTORY

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the lessor identified in Part I, question 1 **and** to any of the following:

- a. Any predecessor firm, or any previous name under which the lessor operated.
- b. Subsidiaries: Any business in which the lessor holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the lessor's parent company holds more than 25% of the equity or debt liability.
- d. Any officer, director, partner, joint venturer or key employee of the lessor, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". **A question left unanswered will not be presumed "Not Applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.** You may use appropriate cross references if the citations are explained in the Personal History Disclosure Statement Forms or other Business Concern Disclosure Statements filed with this Disclosure Statement.

As used below, the term "law or regulation pertaining to protection of the environment" includes statutes and regulations relating to the collection, transfer, transportation, treatment, storage, processing, recycling or disposal of solid waste or hazardous waste; and any other statutes or regulations relating to air and water pollution, discharge of hazardous substances, transportation of hazardous materials, and control of pesticides or toxic substances. It includes regulations of the N.J. DEP, the N.J. DOT, the U.S. EPA, and the U.S. Department of Transportation.

32. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the New Jersey Department of Environmental Protection (DEP) or former New Jersey Board of Public Utilities (BPU). Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited: _____ Address of alleged violation: _____ Alleged violation: _____ Disposition & explanation: _____ _____	Date Issued: _____ Type of notice: _____
Name of issuing agency: _____ Docket no.: _____	

Name of entity cited: _____ Date Issued: _____
 Address of alleged violation: _____
 Alleged violation: _____ Type of notice: _____
 Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

Name of entity cited: _____ Date Issued: _____
 Address of alleged violation: _____
 Alleged violation: _____ Type of notice: _____
 Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

33. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited: _____ Date Issued: _____
 Address of alleged violation: _____
 Alleged violation: _____ Type of notice: _____
 Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____ Penalty assessed: _____

Name of entity cited: _____ **Date Issued:** _____
Address of alleged violation: _____
Alleged violation: _____ **Type of notice:** _____
Disposition & explanation: _____

Name of issuing agency: _____ **Docket no.:** _____ **Penalty assessed:** _____

Name of entity cited: _____ **Date Issued:** _____
Address of alleged violation: _____
Alleged violation: _____ **Type of notice:** _____
Disposition & explanation: _____

Name of issuing agency: _____ **Docket no.:** _____ **Penalty assessed:** _____

34. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited: _____ **Date issued:** _____
Alleged Violation: _____ **Type of notice:** _____
Address of alleged violation: _____
Issuing Agency: _____ **Docket no.:** _____
Disposition & explanation: _____
Amount of penalty or damages sought: \$ _____

Name of entity cited:	_____	Date issued:	_____
Alleged Violation:	_____	Type of notice:	_____
Address of alleged violation:	_____		
Issuing Agency:	_____	Docket no.:	_____
Disposition & explanation: _____			
Amount of penalty or damages sought:		\$ _____	

Name of entity cited:	_____	Date issued:	_____
Alleged Violation:	_____	Type of notice:	_____
Address of alleged violation:	_____		
Issuing Agency:	_____	Docket no.:	_____
Disposition & explanation: _____			
Amount of penalty or damages sought:		\$ _____	

35. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Penalty assessments of less than \$25,000 need not be listed. Use additional copies of this page, as necessary.

Name of entity cited: _____ Date issued: _____

Alleged Violation: _____ Type of

Address of alleged violation: _____ notice: _____

Issuing Agency: _____ Docket no.: _____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of entity cited: _____ Date issued: _____

Alleged Violation: _____ Type of

Address of alleged violation: _____ notice: _____

Issuing Agency: _____ Docket no.: _____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

Name of entity cited: _____ Date issued: _____

Alleged Violation: _____ Type of

Address of alleged violation: _____ notice: _____

Issuing Agency: _____ Docket no.: _____

Disposition & explanation: _____

Amount of penalty or damages sought: \$ _____

PART X**ANTITRUST JUDGEMENTS**

36. ANTITRUST JUDGMENTS. List and explain all complaints, judgements, consent decrees or consent orders pertaining to a violation or alleged violation by you of federal or state antitrust laws, trade regulations or securities regulations issued or filed within the last ten years. Attach a copy of the complaint and if applicable, the disposition. List in the following order: cases in New Jersey courts, federal courts, other states' courts, foreign countries.

Title of case:	_____	Docket no.:	_____
Name & location of		Date judgment, decree	
court of agency:	_____	or order entered:	_____
Nature of			
order:	_____		

Title of case:	_____	Docket no.:	_____
Name & location of		Date judgment, decree	
court of agency:	_____	or order entered:	_____
Nature of			
order:	_____		

Title of case:	_____	Docket no.:	_____
Name & location of		Date judgment, decree	
court of agency:	_____	or order entered:	_____
Nature of			
order:	_____		

Title of case:	_____	Docket no.:	_____
Name & location of		Date judgment, decree	
court of agency:	_____	or order entered:	_____
Nature of			
order:	_____		

PART XI

OTHER CIVIL COURT JUDGEMENTS AND PENDING LITIGATION

37. OTHER JUDGMENTS. List and explain **all** judgments of liability in excess of \$60,000 rendered against the lessor in the past 10 years. Notwithstanding the foregoing, you need not list "slip and fall" cases or cases arising out of automobile or truck accidents if no fatality occurred. Use additional copies of this page, as necessary.

Title of case: Name & location of court: Nature of suit:	_____ _____ _____	Docket no.: Date judgment entered: Amt./terms of judgment:	_____ _____ _____
---	-------------------------	---	-------------------------

Title of case: Name & location of court: Nature of suit:	_____ _____ _____	Docket no.: Date judgment entered: Amt./terms of judgment:	_____ _____ _____
---	-------------------------	---	-------------------------

Title of case: Name & location of court: Nature of suit:	_____ _____ _____	Docket no.: Date judgment entered: Amt./terms of judgment:	_____ _____ _____
---	-------------------------	---	-------------------------

Title of case: Name & location of court: Nature of suit:	_____ _____ _____	Docket no.: Date judgment entered: Amt./terms of judgment:	_____ _____ _____
---	-------------------------	---	-------------------------

Title of case: Name & location of court: Nature of suit:	_____ _____ _____	Docket no.: Date judgment entered: Amt./terms of judgment:	_____ _____ _____
---	-------------------------	---	-------------------------

38. PENDING SUITS. List and explain all civil suits in which the lessor is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Notwithstanding the foregoing, you need not list "slip and fall" cases; cases arising out of automobile or truck accidents if no fatality occurred; and suits seeking less than \$60,000 in damages where no other relief is sought. Use additional copies of this page, as necessary.

Caption of case: _____ **Docket no.:** _____

Name & location of court: _____

Nature of suit: _____

Date filed: _____ Status: _____

Caption of case: _____ **Docket no.:** _____

Name & location of court: _____

Nature of suit: _____

Date filed: _____ Status: _____

Caption of case: _____ **Docket no.:** _____

Name & location of court: _____

Nature of suit: _____

Date filed: _____ Status: _____

PART XII

CRIMINAL PROCEEDINGS

39. CRIMINAL CHARGES AND CONVICTIONS. List all indictments, accusations, summonses, complaints, and informations filed against the applicant for any crime or felony. List all accusations, summonses, complaints, and informations filed against the applicant within the last 10 years for any misdemeanor, disorderly persons offense, or criminal violation.

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) other than a violation of the provisions of N.J.S.A. 39:5B-18 et seq., N.J.S.A. 39:5B-25 et seq. or N.J.S.A. 39:5B-30 et seq., or comparable motor vehicle offenses in jurisdictions other than New Jersey. **Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.**

List convictions first. Use additional copies of this page, as necessary.

Name of entity charged/convicted: _____

Description of crime/offense charged: _____

Indictment information, complaint, etc., no. _____

Jurisdiction where charged: _____

Date charged: _____

Disposition (if applicable, sentence imposed): _____

Caption of case: _____ Docket no.: _____

Name & location of court: _____

Nature of suit: _____

Date filed: _____ Status: _____

Name of entity charged/convicted: _____

Description of crime/offense charged: _____

Indictment information, complaint, etc., no. _____

Jurisdiction where charged: _____

Date charged: _____

Disposition (if applicable, sentence imposed): _____

Caption of case: _____ Docket no.: _____

Name & location of court: _____

Nature of suit: _____

Date filed: _____ Status: _____

Documentary material attached? _____ Yes _____ No

[illegible]

UNIONS AND TRADE ASSOCIATIONS

41. LABOR UNIONS. List all labor unions with which the lessor has had collective bargaining agreements during the past 10 years. Use additional copies of this page, as necessary.

Name of union & local no.: _____

Local's address: _____

Dates agreement was in effect: _____

Name of union & local no.: _____

Local's address: _____

Dates agreement was in effect: _____

42. TRADE AND BUSINESS ASSOCIATIONS. List all trade or business associations of which the lessor, or any officer or key employee, partner, director, 25% or more equity holder or 25% or more debt holder was a member during the past 10 years. Use additional copies of this page, as necessary.

Name of trade or business association: _____

Association's address: _____

Date of membership from/to: _____

Offices held in association: _____

Individual's name (if applicable): _____

Name of union & local no.: _____

Local's address: _____

Dates agreement was in effect: _____

PART XIV OWNERSHIP AND DEBT LIABILITY OF THE Lessor

Part XIV is to be completed by all lessors, regardless of the organizational structure of the business enterprise.

EQUITY

"Equity" means any ownership interest in a business. The form of ownership interest should be indicated in your answers below under the heading "type of equity." If stock, state whether shares are voting or non-voting.

43. EQUITY - PRIVATELY HELD CONCERNS. If the lessor is privately held:

a. List **individuals** currently holding any equity (regardless of percentage of equity share) in the lessor. **Each individual listed below must complete and file with this disclosure statement a Personal History Disclosure Statement Form.** Each individual listed below must also be listed on the Summary of Principals (Pages 58, 59, & 60). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed the Consent Form for Disclosure of SS# (Page 61).

Name: _____ Telephone no.: _____
(area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____ % of total equity: _____

Name: _____ Telephone no.: _____
(area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____ % of total equity: _____

Name: _____ Telephone no.: _____
(area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____ % of total equity: _____

Name: _____ Telephone no.: _____
(area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____ % of total equity: _____

43. EQUITY - PRIVATELY HELD CONCERNS (continued).

b. List all **business concerns** currently holding any equity in the lessor.

Name:	_____	Telephone no.:	_____
			(area code)
Address:	_____		
Date equity obtained:	_____	Type of equity	% of total equity
	_____	_____	_____
FEID no.:	_____		

Name:	_____	Telephone no.:	_____
			(area code)
Address:	_____		
Date equity obtained:	_____	Type of equity	% of total equity
	_____	_____	_____
FEID no.:	_____		

Name:	_____	Telephone no.:	_____
			(area code)
Address:	_____		
Date equity obtained:	_____	Type of equity	% of total equity
	_____	_____	_____
FEID no.:	_____		

Name:	_____	Telephone no.:	_____
			(area code)
Address:	_____		
Date equity obtained:	_____	Type of equity	% of total equity
	_____	_____	_____
FEID no.:	_____		

Name:	_____	Telephone no.:	_____
			(area code)
Address:	_____		
Date equity obtained:	_____	Type of equity	% of total equity
	_____	_____	_____
FEID no.:	_____		

43. EQUITY - PRIVATELY HELD CONCERNS (continued).

c. List all **individuals** formerly holding 25% or more of the lessor's equity during the past 5 years. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
Date equity held _____ Type of equity _____ % of total equity
(from/to) _____

Social Security #: _____

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
Date equity held _____ Type of equity _____ % of total equity
(from/to) _____

Social Security #: _____

d. List all **business concerns** formerly holding 25% or more of the lessor's equity during the past 5 years. Use additional copies of this page, as necessary.

Name and last known address:

Dates equity held _____ Type of _____ % of total
from/to (m/y): _____ equity: _____ equity: _____

FEID no.: _____

Name and last known address:

Dates equity held _____ Type of _____ % of total
from/to (m/y): _____ equity: _____ equity: _____

FEID no.: _____

44. EQUITY - PUBLICLY TRADED CORPORATION. If the lessor is a publicly traded corporation:

a. Indicate below where the corporation's stock is traded.

_____	NYSE	Listing Symbol _____
_____	AMEX	
_____	Other exchanges (list)	_____
_____	Over-the-Counter	

b. Attach a copy of the corporation's most recent annual report to stockholders and SEC Form 10-K.

Copies attached? _____ Yes _____ No

c. List all **individuals** currently holding more than 5% of the total equity of the corporation. **Each individual listed below must complete and file with this disclosure statement a Personal History Disclosure Form.** Each individual listed below must also be listed on the Summary of Principals (Pages 58, 59, & 60). Use additional copies of this page, as necessary. Do not provide SS# for any individuals who have not signed the Consent Form for Disclosure of SS# (Page 61).

Name: _____ **Telephone no.:** _____
 (area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____
 (area code)

Address: _____

Date of birth: _____ Social Security no.: _____

Date equity obtained: _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____
 (area code)

Address: _____

Date of birth: _____ **Social Security no.:** _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

d. List all **business concerns currently holding more than 5% of the total equity of the corporation.**

Name: _____ **Telephone no.:** _____
 (area code)

Address: _____

FEID no.: _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

Name: _____ **Telephone no.:** _____
 (area code)

Address: _____

FEID no.: _____

Date equity obtained: _____ **Type of equity:** _____

Amount of equity: _____ **% of total equity held:** _____

e. List all **individuals formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.**

Name and last known address:

Date of birth: _____

Dates equity held	Type of	% of total
from/to (m/y): _____	equity: _____	equity: _____

Name and last known address:

Date of birth: _____

Dates equity held from/to (m/y): _____ Type of equity: _____ % of total equity: _____

f. List all **business concerns** formerly holding more than 5% of the total equity of the corporation in the past 5 years. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID no.: _____

Date equity held: (from/to) _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID no.: _____

Date equity held (from/to) _____ Type of equity: _____

Amount of equity: _____ % of total equity held: _____

DEBT LIABILITY

"Debt liability" means any form of monetary obligation other than an ownership interest. It includes bonds, debentures, notes, mortgages and loans of any kind, secured or unsecured. Describe below the nature of the obligation under the heading "type of debt."

In answering the questions which follow, you may omit accounts payable for goods and services received unless the amount owed to a particular creditor exceeds 5% of the lessor's total debt liability or net worth, whichever is greater. Debt liability also does not include accounts payable for goods and services received if the amount owed to a particular creditor is less than \$10,000.00.

45. DEBT LIABILITY - CHARTERED LENDING INSTITUTIONS.

a. List the following information as to debt liability **currently** held by any chartered lending institution, e.g., a commercial bank or savings & loan association. If you are in doubt as to whether a lender is a state or federally chartered lending institution, check with your lender or with the banking authority in your state. Use additional copies of this page, as necessary.

Name: _____ Telephone no.: _____
(area code)
Address: _____
Date debt was created: _____ Type of debt: _____
Original amount: _____ Present balance: _____

Name: _____ Telephone no.: _____
(area code)
Address: _____
Date debt was created: _____ Type of debt: _____
Original amount: _____ Present balance: _____

Name: _____ Telephone no.: _____
(area code)
Address: _____
Date debt was created: _____ Type of debt: _____
Original amount: _____ Present balance: _____

46. DEBT LIABILITY - PRIVATELY HELD LESSOR. If the lessor is privately held:

a. List all **individuals** currently holding any debt liability of the lessor. Each individual listed below must also be listed on the Summary of Principals (Pages 58, 59, & 60). Do not provide SS# for any individuals who have not signed the Consent Form for Disclosure of SS# (Page 61)

Name: _____ Telephone no.: _____
(area code)
Address: _____
Soc. sec.#: _____ Date debt was created: _____ Type of debt: _____
Original amount: _____ Present balance: _____
Name: _____ Telephone no.: _____
(area code)

Address: _____

Soc. sec.#: _____ Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

b. List all **business concerns** currently holding any debt liability of the lessor. Do not include institutions listed in the response to question 44.

Name: _____ Telephone no.: _____
(area code)

Address: _____

FEIDno.: _____ Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

Name: _____ Telephone no.: _____
(area code)

Address: _____

Soc. sec.#: _____ Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

c. List all **individuals** formerly holding 25% or more of the debt liability of the lessor in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

d. List all **business concerns** formerly holding 25% or more of the debt liability of the lessor in the past 5 years. Do not include institutions listed in response to question 45. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

47. DEBT LIABILITY - PUBLICLY TRADED CORPORATION. If the lessor is a publicly traded corporation:

a. List all **individuals** currently holding more than 5% of the total debt liability of the lessor. Each individual listed below must also be listed on the Summary of Principals (Pages 58, 59, & 60). Do not provide SS# for any individuals who have not signed the Consent form for Disclosure of SS# (Page 61).

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
Soc. _____ Date debt was created: _____ Type of debt: _____
sec.#: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
Soc. _____ Date debt was created: _____ Type of debt: _____
sec.#: _____

Original amount: _____ Present balance: _____

b. List all **business concerns** currently holding more than 5% of the total debt liability of the lessor. Do not include institutions listed in the response to question 44.

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID no.: _____ Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID no.: _____ Date debt was created: _____ Type of debt: _____

Original amount: _____ Present balance: _____

47. DEBT LIABILITY - PUBLICLY TRADED CORPORATION (continued).

c. List all **individuals** formerly holding more than 5% of the total debt liability of the lessor in the past 5 years. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____

d. List all **business concerns** formerly holding more than 5% of the total debt liability of the lessor in the past 5 years. Do not include institutions listed in response to question 45. Use additional copies of this page, as necessary.

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

Name and last known address: _____

Period of debt from/to (m/y): _____ Type of debt: _____

Original amount: _____ FEID no.: _____

PART XV

FINANCIAL INSTITUTIONS AND FINANCIAL HISTORY

48. List all petitions titled by or against the lessor under the Federal Bankruptcy Act, or under any State insolvency laws, which are pending or which were pending within the last 5 years. Attach a copy of the final judgment, if any. Use additional copies of this page, as necessary.

Title of action: _____

Court and location: _____

Docket no.: _____ Chapter: _____

Date filed: _____ Status or disposition: _____

Title of action: _____

Court and location: _____

Docket no.: _____ Chapter: _____

Date filed: _____ Status or disposition: _____

49. If any receiver, fiscal agent, trustee, reorganization trustee or similar officer of the business or property of the lessor has been appointed by a court within the past 5 years, list the following information (using additional copies of this page, as necessary):

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
 Dates _____ Appointing
 appointed (from/to): _____ court: _____
 Reason
 appointed: _____

Name: _____ **Telephone no.:** _____
(area code)

Address: _____
 Dates _____ Appointing
 appointed (from/to): _____ court: _____
 Reason
 appointed: _____

50. If the lessor has been organized within the last 5 years, or is yet to be organized, describe the source and amounts of the money which enabled or will enable it to commence operations. Examples: "\$25,000 from personal savings" (list bank name and account number); "\$25,000 loan from Uncle Fred;(provide full name and address of the individual) "reinvested profits from another business" (provide name and address of the business), etc. Use additional copies of this page, as necessary.

51. AGREEMENTS OF SALE AND MERGERS - ALL LESSORS. If there exists any agreement of sale or merger, written or verbal, for 25% or more of the total equity of the lessor or if there are any ongoing negotiations for such a sale or merger, describe the nature and status of such agreement (or negotiations). If there is a written agreement of sale in effect, or in draft, attach a copy of it to this form. If there are no agreements of sale in effect or being negotiated, check "No agreement of sale." Use additional copies of this page, as necessary.

Written agreement?	_____	Yes	_____	No	Copy attached?	_____	Yes	_____	No
Draft agreement?	_____	Yes	_____	No	Copy attached?	_____	Yes	_____	No
Verbal agreement?	_____	Yes	_____	No					

No agreement of sale _____

Explanation: _____

52. SUBCONTRACTORS, BROKERS, AND CONSULTANTS.

List the following as to all persons for which the lessor has acted as a lessor or lessee, subcontractor, broker or consultant under written or oral agreements within the past 5 years, to operate any aspect of a solid waste or hazardous waste business relating to the collection, transportation, treatment, storage, transfer, recycling or disposal of solid waste or hazardous waste. Use additional copies of this page, as necessary.

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID _____ **Contact person**
no.: _____ **& position:** _____

Date agreement _____ **Date agreement**
executed: _____ **expires/expired:** _____

Type of operation (e.g., transportation, disposal, etc.):

Name: _____ **Telephone no.:** _____
(area code)

Address: _____

FEID _____ **Contact person**
no.: _____ **& position:** _____

Date agreement executed: _____ **Date agreement expires/expired:** _____

Type of operation (e.g., transportation, disposal, etc.): _____

PART XVI
IDENTIFICATION OF RESPONDENT

53. IDENTIFICATION OF RESPONDENT. Identify the person or persons who provided the answers to the questions in this Business Concern Disclosure Statement. If more than one individual provided answers, identify by specific number the questions answered by each individual. Use additional copies of this page, as necessary.

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

Name of individual: _____

Title: _____

Responses for which responsible: _____

PART XVII
RELEASE AUTHORIZATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, law enforcement agencies, military records custodians, credit reporting agencies, taxation authorities (including the I.R.S.) and foreign and domestic governmental agencies (federal, state and local), and any other institution or person without exception:

On behalf of _____
 (name of lessor)

I, _____, have authorized the

Attorney General of New Jersey to conduct an investigation into the background of the said enterprise for the purpose of determining the suitability of the lessor to act as a lessor to a solid waste or hazardous waste licensee or permittee, as provided under N.J.A.C. 7:26-16.6.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by an appropriate employee, agent or representative of the Attorney General of New Jersey or the Department of Environmental Protection.

This authorization shall supersede and countermand any prior request or authorization to the contrary. A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated: _____
 Signature

 Type or print title/position

State of New Jersey)
)
 County of _____)

I certify that on the _____ day of _____, 200____, _____
 (Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as _____
 (Office)

of _____, the entity named in this instrument.
 (Name of entity)

 (Notary public)
 (Seal)

PART XVIII

LESSOR BUSINESS CONCERN DISCLOSURE STATEMENT CERTIFICATION

This Lessor Business Concern Disclosure Statement must be signed and certified below by a responsible official of the Lessor. Use additional copies of this page, as necessary.

I, _____, hereby
 y certify that I have read, in its entirety, the attached Lessor Business Concern Disclosure Statement as well as the instructional material provided with this document, and that it is true to the best of my knowledge. I further certify that I have caused a diligent effort to be made by the employees and agents of the Lessor Business Concern to honestly and thoroughly respond to the inquiries in this Lessor Business Concern Disclosure Statement and that I have ensured that the information provided on this Lessor Business Concern Disclosure form is verified. I further understand that fraudulent, deceptive, misleading or negligent answers may result in the loss of my right to operate as a lessor in the solid waste field. I am aware that if the foregoing statement made by me is willfully false, I am subject to criminal prosecution.

Date: _____ Signature: _____

 Type or print name

 Type or print title/position

State of New Jersey)
)
 County of _____)

I certify that on the _____ day of _____, 200____, _____
 (Name)

came before me in person and stated to my satisfaction that he/she:

(A) made the attached instrument; and

(B) was authorized to and did execute this instrument on behalf of and as _____
 (Office)

of _____, the entity named in this instrument.
 (Name of entity)

 (Notary public)
 (Seal)

Title/position: _____

OFFICERS OR LLC MANAGERS (Question #12)

[illegible]

Name of Company/Individual

SS#

Date Took Pos.

Name of Company/Individual

d.o.b.

SS#

Name of Company/Individual	d.o.b.	SS#
----------------------------	--------	-----

Name of Company/Individual	d.o.b.	SS#
----------------------------	--------	-----

name	title	d.o.b.	SS#	Date Took Pos.
------	-------	--------	-----	----------------

**CONSENT FORM FOR DISCLOSURE
OF SOCIAL SECURITY NUMBERS**

The following individuals hereby certify that they have read the social security notice on page 3 of the attached instructions and consent to the disclosure of their social security numbers for the limited purposes set forth therein.

_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date
_____	_____	_____
printed name	signature	date

Please make additional copies of this page as needed

APPENDIX A

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF LAW
ENVIRONMENTAL ENFORCEMENT SECTION

**BUSINESS CONCERN DISCLOSURE STATEMENT FOR LESSORS
INSTRUCTIONS**

(For help with these forms, or to answer other questions related to the A-901 Program, feel free to contact us at the New Jersey Division of Law, Environmental Enforcement Section, A-901 Unit, Richard J. Hughes Justice Complex, P.O. Box 093, Trenton, NJ 08625, or call (609) 292-6018 or 6019.)

1. ALL QUESTIONS MUST BE ANSWERED. Read every question carefully before answering it. Answer every question completely. Do not leave any blank spaces. If a question does not apply to you, enter "not applicable" or "N/A" in the space provided for an answer. If there is nothing to disclose in answer to a particular question, enter "none" in the space provided for an answer. **Unanswered questions may result in the application being deemed incomplete and, therefore, returned for additional information.**

2. ANSWER COMPLETELY AND TRUTHFULLY. Failure to answer any question completely may result in your statement being returned to you for supplementation of your answers, and will delay processing of your application. However, you should not answer "Do not remember", or similar words, simply because the information is not immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the questions completely.

3. ADDITIONAL SPACE. If you need additional space to answer a question, use copies of the appropriate pages. Insert additional pages immediately following the page on which the question you are answering initially appears. Be sure to indicate that your answer to the question is "continued on Page 25a of 52" (for example) and also be sure to mark the new number in the top right hand corner Page 25a of 52 (to continue the example).

4. PERSONAL HISTORY DISCLOSURE FORMS. Personal History Disclosure Forms (Personal Histories) must be submitted by the equity holders, directors, officers, partners LLC managers, and key employees of the lessor, except that if a lessor is publicly traded, holders of 5% or less of its equity need not file Personal Histories.

Please Note: If a business concern has more than 5 officers and key employees, contact the Division of Law, Environmental Enforcement Section, A-901 Unit, prior to submitting the personal histories for those officers and key employees.

5. ATTACHMENTS AND/OR EXHIBITS. If you are required or wish to submit any document in connection with your answer to any question, refer to it in your answer as, for example, "Attachment No.____" or "Exhibit No.____" (be consistent) and attach it at the end of the form.

6. FINGERPRINTS. Individuals who are required to file Personal History Disclosure Forms must also be fingerprinted for identification and investigative purposes.

IF YOU LIVE OR WORK IN NEW JERSEY:

New Jersey has changed from the traditional "ink and roll" method to the "Live Scan Method" for individuals who work or reside in New Jersey. After you have submitted your application, you will receive instructions from New Jersey State Police on the fingerprinting method.

OTHER STATES:

Individual equity holders, directors, officers or key employees who work and reside outside the State of New Jersey must submit fingerprint cards with this Personal History Disclosure. If you did not receive fingerprint cards with this form, you must request them from the A-901 Unit by calling 609-292-6018 or request online at www.state.nj.us/dep/dshw. Follow the instructions that accompany the fingerprint cards.

7. TYPE OR PRINT YOUR ANSWERS. Type or print in legible block letter style. Handwritten forms will be returned if entries are illegible. This form is available in WordPerfect for Windows 6.1 format, by e-mail. Call (609) 292-6018 or 6019 to have the form e-mailed to you.

WARNING

FRAUDULENT, DECEPTIVE OR MISLEADING ANSWERS MAY RESULT IN THE DENIAL OR REVOCATION OF AUTHORIZATION TO ACT AS A LESSOR TO A SOLID OR HAZARDOUS WASTE LICENSEE OR PERMITTEE. IN ADDITION, ANY PERSON WHO KNOWINGLY OR RECKLESSLY MAKES FALSE OR MISLEADING STATEMENTS ON THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION.

Be especially careful not to leave out information in any way that might create the impression you are trying to hide it. For example, a minor criminal conviction will probably not disqualify your firm from being approved; however, attempting to conceal the conviction may lead to a finding of a lack of trustworthiness, and result in disqualification. Omitting such information from this form, even unintentionally, may result in your trustworthiness being questioned. Even if the question is resolved in your favor, your application may be delayed while the inquiry goes forward.

If you are unsure of, or do not remember the answer to a question, indicate this in some way - for example, by entering "do not remember." This may result in additional inquiries from the Department or the Attorney General's office but, if entered in good faith, will avoid the implication that you are trying to conceal information.

However, you should not answer "do not remember" simply because the information may not be immediately at hand. You are expected to make reasonable efforts to check your records so that you can answer the question completely.

SOCIAL SECURITY NUMBERS

Notice required under Section 7(b) of the
Federal Privacy Act of 1974

Under section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Department of Environmental Protection is authorized to request Social Security numbers by the section of the A-901 statute that defines the content of the Disclosure Statement, N.J.S.A. 13:1E-127(e). The Social Security number is used as a secondary identifier by the New Jersey State Police when conducting background investigations of individuals listed on disclosure statements. It is used routinely to ensure correct identification when the State Police conduct checks of criminal history records maintained by the State and Federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number may be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, the Department cannot deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing of and decisions on licensure because of the additional investigation time which may be necessary to confirm identifications without the Social Security number. In addition, there is the unavoidable possibility that the absence of a Social Security number may result in the initial identification of an individual as having a criminal record which actually is that of another person. That, again, may result in a delay in the decision on licensure required by N.J.S.A. 13:1E-126 et seq.

APPENDIX B DISQUALIFYING CRIMES

Pursuant to N.J.S.A. 13:1E-133(b) and N.J.A.C. 7:26-16.8(b), an applicant, permittee or licensee may be disqualified from holding a solid waste or hazardous waste license "if any person required to be listed in the disclosure statement or shown to have a beneficial interest in the business of the applicant, permittee, or the licensee" has been convicted of any of 22 categories of crimes listed in the statute.

The term "any person required to be listed in the disclosure statement" includes lessors, when the lessor filing requirements of N.J.A.C. 7:26-16.6(i) and(j) are triggered, and a lessor's equity holders, directors, partners, officers, LLC managers, and key employees. See the the cited regulation, and instruction 7 on the Business Concern Disclosure Statement.

Disqualifying crimes are any of the following under New Jersey laws, or equivalent laws of any other jurisdiction.

1. Murder;
2. Kidnaping;
3. Gambling;
4. Robbery;
5. Bribery;
6. Extortion;
7. Criminal usury;
8. Arson;
9. Burglary;
10. Theft and related crimes;
11. Forgery and fraudulent practices;
12. Fraud in the offering, sale or purchase of securities;
13. Alteration of motor vehicle identification numbers;
14. Unlawful manufacture, purchase, use or transfer of firearms;
15. Unlawful possession or use of destructive devices or explosives;
16. Violation of N.J.S.A. 2C:35-5, except possession of 84 grams or less of marijuana, or of N.J.S.A. 2C:35-10;
17. Racketeering, N.J.S.A. 2C:41-1 et seq.
18. Violation of criminal provisions of the "New Jersey Antitrust Act," N.J.S.A 56:9-1 et seq.
19. Any purposeful, knowing, willful or reckless violation of the criminal provisions of any federal or state environmental protection laws, rules, or regulations, including but not limited to solid waste or hazardous waste management law, rules or regulations;
20. Violation of N.J.S.A. 2C:17-2;
21. Perjury, false swearing or any other offense set forth in Chapter 28 of the New Jersey Code of Criminal Justice, N.J.S.A. 2C:28-1 et seq.
22. Any violation of the Solid Waste Utility Control Act, N.J.S.A. 48:13A-1 et seq. or P.L. 1981, c. 221 (N.J.S.A. 48:13A-6.1).

NOTICE: These descriptions are for information purposes only. For official text you must consult the statute, N.J.S.A. 13:1E-126 et seq., and its implementing regulations at N.J.A.C. 7:26-16.1 et seq.

**APPENDIX C
REHABILITATION CRITERIA**

N.J.S.A. 13:1E-133(c) provides for an exception to the disqualification that would otherwise result from a criminal conviction of

1. an applicant, permittee, or licensee;
2. a director, officer, or key employee of the applicant, permittee, or licensee;
3. a business or individual holder of equity or debt in the applicant, permittee, or licensee;
4. a director, officer, equity/debt holder, or key employee of an immediate or upstream business holder of equity/debt in the applicant, permittee, or licensee;
5. A lessor of operators or solid waste equipment filing pursuant to N.J.A.C. 7:26-16.6(i) or (j)

where the convicted individual/business concern demonstrates "by clear and convincing evidence" the convicted individual's/business concern's rehabilitation.

The Department is required to request a recommendation from the Attorney General, and to consider the following factors for a convicted "business concern" when weighing the issue of rehabilitation. The phrase "business concern" includes the applicant, permittee, or licensee itself (if not organized as a sole proprietorship), **and** "second-level business concerns " (generally, corporate or other business-entity holders of equity/debt in the applicant, permittee, or licensee, and their parents, etc. See Appendix A, para. 6). It also includes lessors required to file pursuant to N.J.A.C. 7:26-16.6(i) or (j). (Criteria for demonstrating the rehabilitation of convicted **individuals** are attached to the Personal History Disclosure forms.)

- (1) The nature and seriousness of the crime;
- (2) The circumstances under which the crime was committed;
- (3) The date of the crime;
- (4) Whether the crime was an isolated or repeated act; and
- (5) The full criminal record of the convicted business concern, any record of civil or regulatory violations or notices or any complaints alleging any such civil or regulatory violations, or any other allegations of wrongdoing.